|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Women In Need**  **Volunteer Program Application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | |  | | | | | | | | |  | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | City: | | | |  | | | | | | | State/Zip: | | | | | | |  | | |
| Cell Phone: | | | |  | | | | | | | | Other Phone: | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |
| Best way to contact you: | | | | | | | | | | | Phone | | | | | Email: | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Background** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education: | | |  | | | |  | | Some High School | | | | | | | | | | High School Diploma/GED | | | | | | | | | | | | | |  | | | | | | | |  |
| (check highest completed) | | | | | | |  | | Some College | | | | | | | | Assoc. Degree | | | | | | | | | Bachelors | | | | | | | Masters | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Name of School/College: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Area of Study: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Are you currently employed?: | | | | | | | | | | | | Full-Time | | | | | | | Part-Time | | | | | | | | Student | | | | | | | Not Employed | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |
| Employer name: | | | | | |  | | | | | | | | | | | | | | | | | Supervisor name: | | | | | | | | |  | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |
| Job Duties: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |
| Special skills, training, interests or hobbies: | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |
| Please list any current or previous volunteer or internship experience: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |
| **Volunteering Interest** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check all areas in which you are interested in providing assistance: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **24-Hotline** – answering crisis calls, providing info. & resources, accompanying victims at the hospital | | | | | | | | | | | | | | | | | | | |  | | **Shelter** - assisting shelter residents & helping with general duties like cleaning or organizing donations | | | | | | | | | | | | | | | | | | | |
| **Education** - providing prevention programs in K-12 settings & community presentations about WIN services | | | | | | | | | | | | | | | | | | | |  | | **Fundraising/Events** – assisting with soliciting donors and sponsors for events and serving on event committees | | | | | | | | | | | | | | | | | | | |
| **Professional Service** – providing a service to clients, including massages, yoga classes, or resume building workshop | | | | | | | | | | | | | | | | | | | |  | | **Childcare** – providing childcare to clients during appointments or at court | | | | | | | | | | | | | | | | | | | |
| **Admin. Work** – assisting with filing, answering the door, & other administrative work | | | | | | | | | | | | | | | | | | | |  | | **General Duties** – assisting with grocery shopping, maintenance, cleaning, etc. | | | | | | | | | | | | | | | | | | | |
| **Other:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many hours per month are you looking to volunteer?: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |
| **Other Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a valid Driver’s License? | | | | | | | | | | | | | | | Yes | | | | | | | No | | | |  | | | | | | | | | | | | | | | |
| Do you have reliable transportation? | | | | | | | | | | | | | | | Yes | | | | | | | No | | | |  | | | | | | | | | | | | | | | |
| Do you have current auto insurance? | | | | | | | | | | | | | | | Yes | | | | | | | No | | | |  | | | | | | | | | | | | | | | |
| Have you ever worked for WIN? | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | If yes, dates of employment: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  |
| Have you ever used WIN’s services? | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | If yes, when?: | | | | | | | | | |  | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | |  | | | |
| If yes, please explain: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
| Do you speak other languages? | | | | | | | | | | | | | No | | | | | Yes: | | | | | |  | | | | | | | | | | | | | | | |  | |
| What qualities will you bring to the WIN Volunteer Program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
| If you or a family member has been a victim of domestic or sexual violence and you wish to disclose, please briefly explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
| How did you hear about the Volunteer Program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
| **Thank you for your interest in the Women In Need Volunteer Program!**  Prior to training, all applicants must supply a copy of their valid driver’s license, auto insurance, as well as, copies of their PA Criminal Clearance and Child Abuse Clearance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
| I certify that the information provided above is true and correct and I give my permission to WIN to verify any of the information I have given. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
| Signature: | | | |  | | | | | | | | | | | | | | | | | | | | |  | Date: | | | | |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
| **Please email, fax, or drop off the completed application to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Women In Need  1280 Progress Road  Chambersburg, PA 17201  Fax: 717.264.3168  Email: shannond@winservices.org | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |